REPORT TO THE TWENTY-FIFTH LEGISLATURE
STATE OF HAWAII
2009

PURSUANT TO SECTION 321-176, HAWAII REVISED STATUTES, BIENNIAL REVIEW OF PROGRESS MADE IN 2007-2008 ON THE CHILD AND ADOLESCENT MENTAL HEALTH DIVISION'S FOUR-YEAR STRATEGIC PLAN

PREPARED BY:

STATE OF HAWAII
DEPARTMENT OF HEALTH
CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
DECEMBER 2008

EXECUTIVE SUMMARY

This report is submitted pursuant to Section 321-176, Hawaii Revised Statutes, which requires the Department of Health to submit to the legislature and the governor a biennial review of progress on the statewide children's mental health services plan every two years.

Background

The year 2006 marked the end of a year-long process of gathering input from youth, families, advocacy groups, and other stakeholders about the future direction of children's mental health. That input guided the development of the Child & Adolescent Mental Health Division's ***Strategic Plan for Strengthening Child & Adolescent Mental Health Services 2007-2010***. That plan identified goals to improve children's mental health and maintain hard-won improvements in seven broad areas. Those broad areas were identified based on the need to increase the smaller-than-expected service population, attract and maintain a highly-skilled mental health workforce, efficiently manage limited resources, and financially maintain the system.

Management of the Plan

To manage the implementation of the Strategic Plan, the Child and Adolescent Mental Health Division (CAMHD) assigned several chairs to lead and direct the various initiatives within the Plan, and assigned lead staff to oversee the entire process. A quarterly reporting schedule was established, with lead staff reporting on the progression of the plan to CAMHD's Performance Improvement Steering Committee for approval and submittal to CAMHD's Executive Management Team. This has proven to be an effective method to assure accountability and progression in implementing the improvements identified in the plan.

Achievement Highlights

CAMHD has experienced positive gains in all seven priority areas. The individual progress reports for 2007-2008 are attached to this report. Selected highlights are:

Priority Area 1	Decrease Stigma and Increase Access to Care

- To address stigma, a multi-agency, multidisciplinary Anti-Stigma Workgroup, including representatives from families was formed and will begin implementing its projects in 2009.
- To strengthen the youth voice in the individualized service planning process, core components of a successful "youth-guided planning meeting" were defined and are being implemented at the Family Guidance Centers.
- To strengthen the family voice across all aspects of the system, CAMHD has integrated Parent Partner involvement in multiple areas of the CAMHD system, such as including them on management teams and quality assurance committees, inviting them to staff meetings, and providing co-located office space at CAMHD Family Guidance Centers.

- To improve access to care for the general community, care coordinator staff provide information and referral services.
- To improve access to care for the Child Welfare System, Branch Chiefs have provided training to CWS line staff.
- To improve access to care for juvenile justice, presentations have been made to Family Court judges and probation officers.
- To strengthen access to care for the education system, training was provided to DOE staff about peer reviews and the emphasis on decreasing gate keeping.
- To strengthen partnerships with community organizations, CAMHD branch chiefs participate in multiple community-based initiatives and committees.
- To strengthen outreach to youth in crisis, several CAMHD staff underwent suicide gatekeeper training to identify the warning signs and appropriately intervene to save the youth's life.

Priority Area 2.	Implement and Monitor Effectiveness of a Comprehensive Resource Management Program

- To improve the capture of "real-time" data, CAMHD switched from a 90-day Accepted Records data report to a 30-day Service Authorization data report. This has increased the ability of the utilization management committee to make real time decisions regarding expansion and/or contraction of services and for Family Guidance Centers statewide to individually monitor the significant trends in their utilization of services per level of care.

- The Utilization Management report has been streamlined to show statistically significant statewide trends and Family Guidance Center trends. The trend information will help focus efforts to improve the CAMHD system of care at both the state and regional levels.

- Resource Management is automating reports to reduce the time-consuming burden of generating high-frequency reports.

Priority Area 3.	Implement a Publicly Accountable Performance Management Program

- In early 2008, a Memorandum of Understanding to establish working agreements regarding a Statewide Interagency Quality Assurance system that monitors the quality and effectiveness of services for children and youth with special needs was executed by the Superintendent of Education, Director of Health, Director of Human Services, Chief Court Administrator and the Executive Director of Hawaii Families as Allies.

- CAMHD performed annual evaluations with recommendations for system refinements.

- CAMHD demonstrates 100% compliance with the Balanced Budget Act of 2007, Medicaid Final Rules for Managed Care Organizations.

Priority Area 4.	Implement and Monitor a Comprehensive Practice Development Program

- The Clinical Services Office strengthened and expanded academic liaisons to impact pre-service educational programs and has arranged practicum training sites for local universities including new training slots for psychology students and advanced nursing students.

- The 2007 Biennial Report on Effective Psychosocial Interventions for Youth with Behavioral and Emotional Needs was published and widely disseminated.

- Over the past year, the Clinical Services Office focused on strengthening services to be responsive to the needs of youth who have experienced trauma. Training on trauma assessment tools was provided, an inter-agency trauma conference was held, and a communication network for providers of mental health services supportive of alternatives to seclusion and restraint for traumatized youth was maintained.

Priority Area 5.	Implement and Monitor a Strategic Personnel Management Plan

- A definition of workload structure has been developed for Clinical Psychologists and Clinical Directors (Child and Adolescent Psychiatrists). The licensed clinicians are now providing more direct services, and the turn-around time for eligibility for Support for Emotional and Behavioral Development (SEBD) clients has decreased.

- A Memorandum of Agreement between the Department of Health and the union facilitate a pay scale that appropriately compensates psychiatrists based on credentials and education.

- Monthly caseload analysis enables CAMHD to provide quicker review and response for additional care coordinators at the Family Guidance Centers with the most pressing needs.

Priority Area 6.	Implement and Monitor a Strategic Financial Plan

- The Title XIX Medicaid billing practices have been strengthened to provide a better stream of revenues for CAMHD.

- Staff training on the importance of the Random Moments Studies (administrative claims for staff time for MedQuest-eligible youth) has greatly improved staff response, resulting in strengthened billings.

- CAMHD partnered with the Adult Mental Health Division to secure a Data Infrastructure Grant. This grant has enabled the collection and analysis of a variety of data, and the development of tele-health care for children and youth with mental health challenges.

Priority Area 7.	Implement and Monitor a Strategic Information Technology Program

- Two task forces were established, one for electronic health records and one for Telehealth. Champions to move the initiatives forward have been recruited for both areas.

- After evaluation of several electronic health records systems, CAMHD has selected VistA as a cost-effective choice for the state. VistA was developed by and is fully maintained by the U.S. Veterans Administration.

- CAMHD established a partnership with the University of Hawaii Department of Psychiatry to collaborate on a telehealth system that links the University of Hawaii and the multiple Family Guidance Centers to help provide mental health services across the state, especially remote locations.

- The telehealth pilot project recently initiated on the Big Island has allowed direct care and consultative services to CAMHD clients and staff.

- CAMHD is currently developing IT and electronic health records trainings in collaboration with the University of Hawaii to create tutorials that can be accessed from the internet at any time.

- The submission of monthly treatment provider summaries by providers has been tied to payment. This has resulted in an increase in the quality and quantity of reports on the progress of individual youth in treatment.

HAWAI'I STATE DEPARTMENT OF HEALTH

CHILD & ADOLESCENT MENTAL HEALTH DIVISION
STRATEGIC PLAN 2007-2010 PROGRESS REPORT TO THE LEGISLATURE

PRIORITY AREA 1

Priority Area 1.	Decrease Stigma and Increase Access to Care

Although the national estimate for children with severe emotional disturbances is 5%-9% of the child population, CAMHD is currently serving less than 1% of Hawaii's youth population who may be in need of mental health services. Although a considerable number of youth are served by their private insurance and by the DOE School-Based Behavioral Health system, together with CAMHD, there continues to be a service gap. Therefore, CAMHD's first priority is to increase access to mental health services and decrease the stigma attached to seeking help. The strategic plan calls for strengthening ties and connections with youth, families, primary care practitioners, child welfare, education and juvenile justice, as well as identifying other avenues that the general community and others can access CAMHD's services. Specific goals for this priority are as follows:

1.1 Develop and Implement an Anti-Stigma Strategic Plan
1.2 Strengthen the youth voice in the individualized service planning process
1.3 Strengthen the youth voice in system issues and development
1.4 Strengthen the family voice across all aspects of the system.
1.5 Improve access to care for the general community
1.6 Improve access to care for the child welfare system
1.7 Improve access to care for the juvenile justice system
1.8 Strengthen access to care for the education system
1.9 Strengthen access to primary care
1.10 Strengthen partnerships with community organizations
1.11 Strengthen outreach to youth in crisis (including homeless and suicidal youth)

Progress on the goals and objectives

See the attached narrative reports of the multi-stakeholder Anti-Stigma Workgroup and CAMHD's Clinical Services Office, Family Court Liaison Branch, and seven regional Family Guidance Centers for descriptions of progress made on the goals and objectives.

Performance Highlights for 2007 and 2008

See the attached narrative reports of the Anti-Stigma Work Group, Clinical Services Office, Family Court Liaison Branch and Family Guidance Centers for performance highlights.

Anti-Stigma Workgroup
Chair: Donna Makaiwi, Hawaii Families as Allies (HFAA)

Priority Area 1.	Decrease Stigma and Increase Access to Care

Progress on the Goals and Objectives

Over the last two years, the Anti-Stigma Workgroup set the groundwork for mobilizing the community around stigma. Work has been done to recruit members to the Workgroup; solicit input from youth, family members and stakeholders; define stigma; and define the Workgroup's task.

Performance Highlights for 2007 and 2008

Goal 1.4: Development of an anti-stigma strategic plan

- An Anti-Stigma Workgroup (ASW) consisting of representatives from multiple agencies and community groups was formed. Representatives include: Hawaii Families as Allies (HFAA), DOH Child & Adolescent Mental Health Division (CAMHD), DOH Special Parent Information Network (SPIN), Project Ho'omohala, Mental Health America – Hawaii, National Alliance on Mental Illness – Hawaii, UH Center for Disabilities Studies, Wai Aka, Honolulu Community College, and Community Children's Councils Office.
- In 2007 and 2008, ASW and multiple partners organized Children's Mental Health Awareness Week activities to educate the public that "Children's Mental Health Matters." Through the contributions of Project Ho'omohala staff, a beautiful "Children's Mental Health Matters" logo, featuring a green ribbon was adopted as the group's message and logo. Activities included sign-waving, green ribbon distribution, health exhibits, proclamations by the Governor and Mayors, community events for families, and media exposure.
- Mental Health Awareness activities kept the ASW and MHA Committee busy during the months of April and May 2008. Honolulu Community College's Wellness Coordinator organized a Health and Wellness Fair, where many Mental Health groups set up tables and handed out information to students and staff on April 2 and 3. On April 9, there was a Mental Health Awareness Day at the State Capitol, and the 3rd floor had booths lined up handing out information and there was food and entertainment. Mental Health Transformation grant (MHT) helped sponsor this event. In May, there were many activities going on statewide - flyer was handed out through CAMHD to inform about events. CAMHD's Family Guidance Centers had activities and on May 8 there was sign waving at the Capitol and other locations such as Kahalu'u and Pearl City. There were also activities at the Kapolei and Waianae Shopping Centers where tables were set up and flyers handed out. Hilo and Maui had activities as well, and Kauai did an activity the end of the month. On the week of May 8, CAMHD Administrator Dr. Michels and HFAA Parent Partner Curtis Yee were on the morning news talking about Mental Health Awareness. The MHT grant sponsored the purchase of "Children's Mental Health Matters" signs for sign waving, the rubber "Make a Friend, Be a Friend" wristbands that were handed out at the events as well as the car magnets reading "Children's Mental Health Matters" that were shared among all organizations connected to the ASW as well as CAMHD and MHT various committees. The national green ribbons contributed by HFAA were also handed out during the month. Most of the ASW efforts were focused on these activities during March, April and May.

- In April 2008, the ASW met with national expert Rusty Clark to get some ideas about what is working and what is not in other states in the fight against stigma. Rusty Clark shared some information about the TIP (Transition to Independence) model.
- In May 2008, Mental Health America had a special luncheon in May and recognized HFAA Board member Ivalee Sinclair with The Lifetime Achievement Award and HFAA Youth Specialist Jazmin Boots with the Outstanding Youth Award for their involvement in improving Mental Health in Hawaii. Newspaper articles were written on both of them as well as some others who were recognized. Jazmin's daughter, mother and grandmother were present.
- The ASW is pursuing funding options for its initiatives through the Mental Health Transformation grant.
- Anti-Stigma Workgroup (ASW) will be taking a look at some ideas presented by a UH faculty member regarding possible activities/projects.

Goal 1.3: Strengthen the youth voice in system issues and development

- One of HFAA's Hawaii Youth Helping Youth Council (HYHY) youth has been hired as a Youth Specialist for Kahi Mohala, so this is the first provider agency to have a youth specialist attend HYHY meetings so far. We are still waiting for more involvement.
- The TAY (Transitional Age Youth) group suggested that the multiple youth groups meet and discuss issues. At TAY's invitation, the Hawaii Foster Youth Coalition and Hawaii Youth Helping Youth Council met with and had a good discussion on TAY issues and what the youth would like to see happen to make things better, as well as what concerns they have.

Future Direction

Based on the groundwork accomplished in the first two years, the Anti-Stigma Workgroup now looks ahead to implementing its ideas. The first initiative will be to recruit and involve youth in creating public health messages about mental health. Youth will be invited to submit artwork, poems & essays, or videos that educate about the challenges associated with mental health stigma. This project will be structured as a competition with judging and prizes, with the winners announced at a publicized event timed to coincide with the run up to the national and local celebrations of Children's Mental Health Awareness Day on May 7, 2009. The committee will work to secure public spaces for the artwork to be displayed, including the possibilities of Honolulu Community College, State Capitol and Honolulu Hale. The committee is also considering the idea of using the artwork in a calendar that can be used for fundraising by the youth mental health nonprofits.

The second initiative will focus on bullying. Based on reports of youth with emotional and behavioral problems, being subjected to bullying can be emotionally damaging, socially isolating, and can elicit extreme responses such as contemplated or completed suicide and violence. The start of the initiative, however, will depend on establishing a strong partnership with the department of education and other community partners for this long-term project.

The Anti-Stigma Workgroup intends to secure funding support for its projects from sources such as the Mental Health Transformation grant and CAMHD. Hawaii was fortunate to receive the federal Mental Health Transformation (MHT) grant. It was also fortunate that one of the major goals of the MHT grant is to implement a public education campaign to promote the understanding of mental health issues. The Anti-Stigma Workgroup intends to submit one or two proposals to the Mental Health Transformation grant program for consideration for funding and collaboration.

Clinical Services Office - Practice Development

Priority Area 1.	Decrease Stigma and Increase Access to Care

Progress on the goals and objectives

This year, the Clinical Services Office, Practice Development Section hired a Specialist for Access & Stigma. In addition to facilitating and participating in anti-stigma workgroups for CAMHD and the Mental Health Transformation Grant (MHTG), she has been creating opportunities for feedback from various community and professional groups throughout the State to use in the formulation of interventions to assist in decreasing stigma and improving access to care. In addition, other members of our Practice Development Section have been working on increasing family and youth voice through trainings, System of Care grants and bringing in practicum students to assist with the provision of mental health assessments.

Performance Highlights for 2007 through 2008

Goal 1.1: Development of an anti-stigma strategic Plan

- The Anti-Stigma workgroup (with key CAMHD representation) is in the process of developing a public awareness campaign about Anti-Stigma that focuses on bullying and general education about mental health.

Goal 1.2 Define the core components of a successful youth-guided planning meeting

- The 2007Care Coordinator Conference emphasized and addressed an evidence-based therapy that could be successfully used by Family Guidance Center mental health care coordinators to assist youth in FGC planning meetings.

Goal 1.3: Strengthen youth voice in system issues and development

- Under CAMHD's Alternative to Seclusion & Restraint Grant, an advisory group was formed and two youth co-chairs were recruited. In collaboration with them, the Grant project has been working with residential care providers on ways to increase youth voice in their programs. As a result of this work, we partnered with Hawaii Families as Allies to provide some paid positions for youth specialists to advise CAMHD more broadly and represent a youth perspective in various conferences and meetings including the Mental Health Transformation Grant.

Goal 1.4: Strengthen family voice across all aspects of the system

- This information continues as a regular part of the Mental Health Care Coordinator Foundation Trainings, and new employee orientation, which are given to new CAMHD staff once per quarter.
- Practice Development's new training for our contracted provider agencies has also made family focused approaches part of both the "CAMHD 101" and "Evidence Based Practices" series.
- See Goal 1.2. Motivational Interviewing, which works with families to increase family choice, was the main focus of the 2008 Care Coordinator Conference.

Goal 1.5: Improve access to care for the general community

- Two Diagnostic Practicum students from Argosy University (on Oahu) were trained to help in completing the mental health assessments at Central Oahu Family Guidance Center and Honolulu Family Guidance Center and are both under the supervision of licensed psychologist staff.

Goal 1.6: Improve access to care for the Child Welfare System

- Practice Development Section staff provides training to new Child Welfare Services staff quarterly on the referral process into CAMHD.

Goal 1.7: Improving access to care for juvenile justice

- CAMHD has utilized block grant funds to support a psychologist and psychiatrist to provide some limited services to the Girl's Court program.

- CAMHD partnered with the Judiciary's Girl's Court to develop a system of care grant focused on girls in the juvenile justice system.

Family Court Liaison Branch (FCLB)

Priority Area 1.	Decrease Stigma and Increase Access to Care

Progress on the goals and objectives

The Family Court Liaison Branch (FCLB) continues to provide comprehensive mental health services to youth in the Mental Health and Juvenile Justice system, especially at the Detention Home (DH) and Hawaii Youth Correctional Facility (HYCF).

- Each intake receives a full mental health risk assessment; followed by a summary mental health evaluation for each of the youth at HYCF
- Youth with self harming, suicidal behaviors are provided necessary services and managed by FCLB staff at HYCF.
- Youth with mental health needs are provided direct services and some case management services by FCLB at the DH and/or HYCF.
- Youths prescribed psychotropic medications by FCLB with meds managed by FCLB psychiatrists.
- FCLB provides on-call mental health services for HYCF youth.

Performance Highlights for 2007 and 2008

Goal 1.5: Improve access to care for the general community

- FCLB provides mental health services to youths released to an Office of Youth Services (OYS) group home in Kailua for those paroled/furloughed.
- To help with mental health screening at DH, FCLB has provided training to some of the DH staff to do the Massachussetts Youth Screening Instrument 2 at intake.
- FCLB services have been expanded at DH by recently having a part time psychiatrist there in addition to the FCLB staff currently there (LSW and licensed psychologist).
- Each intake receives a full mental health risk assessment; followed by a summary mental health evaluation for each of the youth at HYCF.
- Youth with self harming, suicidal behaviors are provided necessary services and managed by FCLB staff at HYCF.
- Youth with mental health needs are provided direct services and some case management services by FCLB at DH/HYCF.
- Youths prescribed psychotropic medications by FCLB are also med. managed by FCLB psychiatrists at HYCF.
- FCLB provides on-call mental health services for HYCF youth.

Goal 1.10: Strengthen partnerships with community organizations

- FCLB staff recently began providing added school support at the request of the on-grounds school during Voc-Tech times. (HYCF)
- FCLB has begun to have youths registered to FCLB in community placements resulting primarily from an MOA with Office of Youth Services that basically supports CAMHD programs for youth who otherwise cannot access our programs. Payment is made by Office of Youth Services. (HYCF)
- FCLB participated on a panel at the annual Child Welfare Services Law Update Conference.
- FCLB participated on a panel at the annual Family Court Judges Symposium on September 11, 2008.

- FCLB participates as a member for COSIG Grant Workforce Committee and COSIG Lead Group Committee

Future Direction

- FCLB has initiated discussions with Hawaii Family Guidance Center to provide comprehensive case management for some of their youths remanded to HYCF in an effort to help the BI reduce their caseload a little.
- FCLB psychiatrist/Clinical Director is proposing some med management for youths from HYCF who return to the community on parole or furlough and are in need of med. management that they are unable to secure in the community. This will be a huge service to assist HYCF in this regard.
- FCLB will extend on-call to DH in accordance to a protocol that is being drafted.
- FCLB will continue to participate in the Family Court Juvenile Detention Alternatives Initiative project.
- FCLB will continue t participate in the Mental Health Transformation Grant- Criminal Justice group (for adolescents).
- FCLB will continue to participate in Sex Offender Management Team (SOMT) and support the current efforts of adopting clinical practice standards for Juvenile Sex Offender providers. Additionally, FCLB, as a member of the SOMT team supports having SOMT become a Board legislatively.
- FCLB continues to be a member for the DMC (Disproportionate Minorities in Contact) with the courts to advocate for parody for ethnic minorities, particularly the Hawaiians and south Pacific Islanders.

Honolulu Family Guidance Center (FGC)

Priority Area 1.	Decrease Stigma and Increase Access to Care

Progress on the Goals and Objectives

Honolulu FGC has completed 22 of the 24 initiatives assigned to the Branches. Our Management Team regularly reviews our progress on the goals and objectives of the Strategic Plan. Updates to the plan are provided to the broader CAMHD initiative to Decrease Stigma and Improve Access to Care.

Performance Highlights for 2007 through 2008

Goal 1.1: Develop and implement anti-stigma strategic plan

- Honolulu FGC staff in collaboration with Hawaii Families as Allies (HFAA) and Project Ho'omohala sponsored a Family Appreciation Event held on May 7, 2008 at the Susannah Wesley Community Center to celebrate Children's Mental Health Awareness Week. We provided children's mental health awareness brochures, and conducted informational briefings by our Child Psychiatrist, Clinical Psychologist and Hawaii Families as Allies Parent Partner. The staff of the Project Ho'omohala provided resource information on services through their Transition to Adulthood grant via SAMHSA.

Goal 1.2 Strengthen youth voice in the individualized service planning processes

- Defined the core components of a successful youth-guided planning meeting. Incorporated the training elements of an individualized youth guided planning meeting learned through the Mental Health Care Coordinator foundation training and Coordinated Service Plan booster training.

Goal 1.3: Strengthen youth voice in system issues and developments

- Mental Health Supervisors and Mental Health Care Coordinators reviewed their cases and potential youth who might benefit from participation in a youth council, however, currently, no youth were interested.
- Honolulu FGC previously identified one youth who began participation in the Wai Aka youth council. Currently, however, this youth decided to end his participation with the FGC.

Goal 1.4: Strengthen family voice across all aspects of the system

- Hawaii Families as Allies Parent Partner participates in Honolulu FGC management, quality assurance and staff meetings. In addition, the Parent Partner has office space and standing office hours at the FGC.
- At the time of intake, all families are given an Hawaii Families as Allies brochure and informed of services of the Parent Partner. The Parent Partner is informed of the names of the families who are interested and then does follow up to meet with the families. Parent Partner also holds Parent Support Groups, is a co-facilitator of the Common Sense Parent classes and participates in the East and West Community Children's Council. The Parent Partner also attends the Honolulu District Quality Assurance meetings.

- On May 7, 2008, Honolulu FGC sponsored a Family Event in collaboration with Hawaii Families as Allies and Project Ho'omohala at the Susannah Wesley Community Center.
- Hawaii Families as Allies Parent Partner participates in Honolulu FGC management, quality assurance and staff meetings. The Parent Partner is an integral part of our FGC team.

Goal 1.5: Improve access to care for the general community

- Each Mental Health Supervisor serves as the Intake Coordinator for their respective sections, the Diamond Head Clinical Service Section and the Kalihi-Palama Clinical Service Section. Each section roughly includes three DOE complexes. The Mental Health Supervisors are responsible for addressing all inquiries to our Branch that includes providing information and referral if the FGC is not the appropriate program to provide service. The Mental Health Supervisors are also responsible for facilitating all referrals for Educationally Supportive, Support for Emotional and Behavioral Development and Mental Health Only services. They attend all initial peer review meetings with DOE staff to discuss CAMHD supports for youth. The Mental Health Supervisors also attend the complex area student support meetings.
- The two Mental Health Supervisors provide regular supervision with the Mental Health Care Coordinators to discuss cases and staff development issues. Honolulu FGC conducts monthly Case Presentation meetings wherein the Care Coordinator presents cases(s) for clinical review, discussion and endorsement of the coordinated service plan. The Clinical Director and the Clinical Psychologist along with the Mental Health Supervisor facilitate the discussions.
- Honolulu FGC currently has a doctoral psychology student through Argosy who under the supervision of the Clinical Psychologist provides mental health assessments, direct services and support to the Care Coordinators in implementing their Coordinated Services Plans. We also have a social work practicum student from the U.H. School of Social Work, Hi'ilei Project, to provide case management and care coordination support to youth and families.

Goal 1.6: Improve access to care for the child welfare system

- A training on Support for Emotional and Behavioral Development (SEBD) as provided to DHS lines level staff earlier in the year.
- The Mental Health Supervisors work closely with DHS Child Welfare workers on all referrals. Review of the Honolulu FGC data indicate that services to youth involved with Child Welfare Services began within 30 days of SEBD approval.

Goal 1.7: Improve access to care for the juvenile justice system

- An MOA regarding neighbor island travel for youth requiring escort has been completed.
- Youth in Detention Home and Hawaii Youth Correctional Facility are reviewed regularly with the Branch Chief, Clinical Director or Clinical Psychologist. Care Coordinators and Mental Health Supervisors work closely with the probation officers or Office of Youth Services social workers to develop and implement transition plans.
- Care Coordinators and Mental Health Supervisors work in collaboration with youth/families, probation officers, Guardian Ad Litems, Surrogate Parents, and other stakeholders on the team to assure least restrictive, clinically appropriate level of mental health treatment is provided in a timely manner.

Goal 1.8: Strengthen access to care for the education system

- Mental Health Supervisors respond to all requests for a peer review on youth who might benefit from Educationally Supportive services through CAMHD.
- Honolulu FGC tracks the number of peer review meetings that are held and share the data at the interagency district quality assurance meeting.

Goal 1.10: Strengthen partnerships within community organizations

- Branch Chief participates in monthly District Quality Assurance meetings that include representatives from DOE, Child Welfare Services, Provider Agencies, and Hawaii Families as Allies.
- Branch Chief meets monthly with Honolulu District School-Based Behavioral Health Program Coordinator and the Child Welfare Services Section Administrator for Honolulu District.
- Branch Chief attends quarterly meetings with the Protective Partners Team, a collaboration of child protection agencies and services.
- Branch Chief attends monthly Community Children's Councils in East and West Honolulu.
- Care Coordinators identify appropriate community resources and seek input and participation in Coordinated Service Plan meetings. The data for Honolulu FGC indicate a 98 percent score for overall quality of a Coordinated Service Plan.

Goal 1.11: Strengthen outreach to youth in crisis

- Presentation by Access Line supervisor and contracted agency, CARE Hawaii was provided at Honolulu District Quality Assurance meetings.
- Five staff from Honolulu FGC attended the Suicide Prevention Conference in 2007.

Central Oahu Family Guidance Center (COFGC)

Priority Area 1.	Decrease Stigma and Increase Access to Care

Progress on the goals and objectives

Of the 24 initiatives assigned to the branches, the Central Oahu FGC has completed 22 of them. Our local Management Team reviews our progress on the strategic plan regularly, and has kept these initiatives on the forefront.

Performance Highlights for 2007 through 2008

Goal 1.1: Development of an anti-stigma strategic Plan

- Staff wore ribbons commemorating this week-long event to bring awareness to the Central Oahu community and to stakeholders and families. We posted signs within our program building, gave out the ribbons and pamphlets on children's mental health, and also publicized the commemoration of this event via our District QA. On May 8th, in partnership with Hawaii Families As Allies (HFAA), we did sign waving along Kamehameha Highway fronting our building.

Goal 1.2 Define the core components of a successful youth-guided planning meeting

- Adopted core components based on the findings of the Research and Training Center on Family Support and Children's Mental Health at Portland State University. This was presented at the State Management Team conference on July 23, 2007.

Goal 1.3: Strengthen youth voice in system issues and development

- MHS 1's reviewed cases and potential clients/youth who might benefit from participation. Currently, of those that would be good potential candidates, none were interested.
- Will continue to encourage Care Coordinators to consider youth on their caseloads that may benefit from participation in the Youth Council. We are now getting younger children into our program and this coupled with a decrease in caseload during the summer has resulted in a smaller pool of candidates.

Goal 1.4: Strengthen family voice across all aspects of the system

- Parent Partner participates in our management and Quality Assurance meetings. She also attends our staff meetings and has an office here at our program.
- . At intake, all families are given Hawaii Families As Allies brochure and informed of services of Parent Partner. Parent Partner is informed of interested families and then does follow up to meet with families. Parent Partner also holds Parent Support Groups here at our program site. Parent Partner is also a co-facilitator of the Common Sense Parenting classes. HFAA Parent Partner was chairperson for our Children's Mental Health Awareness Day on May 8, 2008.
- Five of our staff participated in the Children and Youth Day held October 7, 2007 and provided the on-sight management of the operations of the CAMHD booth. Also, we worked with Parent Partner to commence with the "Common Sense Parenting" six session classes. First session was completed November 07, and next session in process of getting started. Parent Partner is chairing our Mental Health Awareness Day celebration. We are tentatively looking to do an open house during the year end holiday season.

- Our HFAA Parent Partner is an integral part of our management team which meets monthly.

Goal 1.5: Improve access to care for the general community

- Our two Mental Health Supervisors serve as Intake Coordinator on a rotating monthly basis. They are responsible for screening all inquiries to our program that at the least will involve providing information and referral if we are not the appropriate entity to provide service. On all appropriate referrals, the Mental Health Supervisors will do the CAFAS if this has not been completed to expedite the intake process.
- We have instituted into our supervision plan for Mental Health Care Coordinators, an emphasis on teleconferencing into team meetings on a case-by-case basis as is appropriate and viable. We've also continued to emphasize clerical support to Care Coordinators to minimize Care Coordinator's non-clinical paperwork. Additionally, through active collaboration with treatment team, we have been able to step youth down to lower levels of care and to close out cases as appropriate.
- U.H. School of Nursing APRN practicum student does mental health assessments, direct services, and medication consultation under supervision of U.H. APRN Faculty Professor. We have a new U.H. School of Medicine Psychiatric Resident participating in Utilization Review meetings and providing consultation to Care Coordinators under supervision of Clinical Director.

Goal 1.6: Improve access to care for the Child Welfare System

- Branch Chief participated in providing training to DHS line level staff earlier in the year on the SEBD process. We did not do training of foster parents.
- Intake Coordinators work closely with DHS Child Welfare Workers on referrals. When all referral information has been gathered, the Mental Health Supervisors expedite the review process with the Clinical Director and then the Medical Director. Once approved, the case is then assigned to a Care Coordinator who then works closely with the Child Welfare workers to convene a team meeting to commence appropriate treatment services. As already noted, we are doing the CAFAS on referrals that do not have one. We now have the option of enrolling youth into our program and providing services to youth with a provisional diagnosis (i.e., no formal mental health assessment or diagnosis) under presumptive Support for Emotional or Behavioral Development (SEBD) eligibility pending obtaining a mental health assessment within 90 days.

Goal 1.7: Improving access to care for juvenile justice

- An MOA regarding neighbor island travel for youth requiring escort has been completed. Also, we are working closely with Family Court supervisor through regular contacts and monthly District Quality Assurance meetings to address challenging youth.
- Branch Chief participated in a presentation to Family Court Judges and Probation Officers earlier in the year.
- Youth in Detention Home are presented in COFGC treatment team meetings weekly. Youth in HYCF are reviewed at least monthly. Clinical Director oversees the review process and provides consultation, addressing transitioning issues, etc.
- Care Coordinators working in collaboration with youth/family, respective Probation Officer, Guardian Ad Litem, Parent Surrogate, Deputy Attorney General, other stakeholder team members to assure least restrictive most appropriate level of mental health treatment is provided in timely manner (CASSP) so that Court orders for treatment can be minimized.

Goal 1.8: Strengthen Access to Care for the education system

- Mental Health Supervisors review peer review summaries with their respective staff for monitoring and supervision purposes to assure that cases brought in for discussion are being directed into our system as appropriate. In the more complex referrals, the Mental Health Supervisors attend the peer review meetings with their respective Care Coordinators. As part of an on-going collaborative relationship with the DOE, materials on IDEA eligibility categories were provided, reproduced to scale by the COFGC support staff and distributed to each care coordinator as reference material.

Goal 1.10: Strengthen partnerships with community organizations

- Branch Chief participates in monthly District QA meetings that includes representatives from DOE, Provider Agencies, the military, and Family Court.
- Branch Chief meets participates in monthly District QA meetings. Branch Chief also meets monthly with Central District School-Based Behavioral Health (SBBH) Program Coordinator, and the North and South Community Children's Councils. Branch Chief, Central District SBBH Program Coordinator and Central and Leeward DHS Child Welfare Section Administrators meet once a quarter. In an effort to provide pertinent information to our stakeholders via regular District Quality Assurance meetings, the COFGC Quality Assurance Specialist will provide data at this meeting to cover: 1. Total COFGC client population, 2. A breakdown of cases per school complexes and 3. Any patterns or trends in the diagnosis of youth being serviced.
- Meetings have been held with Adult Mental Health Division representatives to address transition of youth aging out of our system. Correspondingly, we've developed a good working relationship with the Access Line. No formalized agreements have been needed. In an effort to broaden creative approaches towards addressing needed psychiatric services for our youth, we have teamed up with other DOH Divisions such as Public Health Nursing to assist in the administration of intra-muscular anti-psychotic medication(s) to our youth requiring this specific level of care.
- Care Coordinators identify appropriate community resources and seek input and participation in Coordinated Service Plan meetings. This is done with consent of parent or legal guardian and in consultation with Team Members.

Goal 1.11: Strengthen outreach to youth in crisis

- Presentation by Access Line supervisor at staff meeting. This brought increased awareness to care coordinators on the use of the Access Line, including placing clients on "Crisis Alert" as applicable, and the role and capability of the Crisis Mobile Outreach component via Care Hawaii.

Leeward Oahu Family Guidance Center (LOFGC)

Priority Area 1.	Decrease Stigma and Increase Access to Care

Progress on the goals and objectives

Completion of all goals and objectives are well underway. Goals have either been completed or are in process with ongoing activities.

Performance Highlights for 2007 and 2008

Goal 1.1: Development of an anti-stigma strategic plan

- LOFGC and Hawaii Families as Allies were able to set up information tables at Waianae and Kapolei shopping center throughout Mental Health Awareness week including Saturday when we had a clown and balloons for keiki. Hawaii Families as Allies played "F.A.T. City" video as part of out set up. We gave away various mental health materials and answered numerous questions by passers-by.

Goal 1.2 - Strengthen the youth voice in the individualized service planning process

- Defined the core components of a successful youth-guided planning meeting

Goal 1.3: Strengthen youth voice in system issues and development

- Former LOFGC client has been a member of the Hawaii Youth Council and has done public presentations at conferences and is a contributing participant in the Mental Health Transformation grant project. No currently active youth willing or able to participate at State council identified at this time. We will be looking to also increase involvement of youth in groups such as Hawaii Foster Council, Wai, Aka, etc.
- Discussed with Leeward District DES & SBBH program manager. Their suggestions was that this initiative would have to come down from the Superintendent directly to CAS & Principals. They thought realistically principals would not do with out top down directive. In Leeward Oahu Family Guidance Center humble opinion perhaps this task should be discontinued
- Will meet with management team in December 2008 to develop a communication plan that reaches out to youth and informs care coordinators how to engage youth.

Goal 1.4: Strengthen family voice across all aspects of the system

- Parent Partner has an open invitation to participate in our management and QA meetings. His schedule does not always allow participation. He has attended our staff meetings and has an office here at our program.
- All families are given Hawaii Families As Allies brochure and informed of services of Parent Partner at intake. Our Quality Assurance Specialist ensures that Parent Partner is informed of interested families and then he does follow up with All families are given Hawaii Families As Allies brochure and informed of services of Parent Partner at Intake. Our Quality Assurance Specialist ensures that Parent Partner is informed of interested families and then he does follow up with families. Parent Partner also holds Parent Support Groups in the community. Parent Partner is also a co-facilitator of the Common Sense Parenting classes.
- Hawaii Families as Allies is now planning to make a video for parent partner to be able to introduce Hawaii Families as Allies services since our partner cannot always be in our office.
- We are the host site for the monthly Leeward Community Children's Council meeting in which various family members participate. This meeting occurs the first Wednesday night of each

month. We helped to promote the "Common Sense Parenting" classes, which resulted in a full class. We have started the promotion of Leeward's second parenting class.
- Our Hawaii Families as Allies Parent Partner is a new hire and is gradually becoming a more active participant. We are planning a community event for the next mental health awareness week.

Goal 1.5: Improve access to care for the general community

- We established years ago that our two MHS would be the intake coordinators for all new referrals per their school complex assignments. Our community partners (DOE, DHS, & Family Court) have been educated in regards to this arrangement via formal PowerPoint presentation given to their administrators and complex review teams as well an informal settings. Mental Health Supervisors ensure that intakes occur as quickly as possible and agreed to be a pilot APRN site in order to help us do more timely assessments and determine eligibility sooner with faster turnaround.
- This has been an ongoing challenge for LOFGC since we have consistently had high caseloads over the years and have had to plan accordingly. Our MHS do what we can to try and keep caseloads as manageable as possible. Although the branch is divided by complex areas, the Mental Health Supervisors agree to cross assigned areas in order to try and even out caseload assignments. We have schedule work assignments in a way that helps to spread the workload over time more efficiently. We utilize our practicum students to help handle our caseload demands. We purchased teleconferencing equipment in order to improve the quality of our teleconferencing and are using our teleconferencing phone arrangements more than ever. We've also continued to emphasize clerical support to Care Coordinators to minimize Care Coordinator's non-clinical paperwork. We have strongly advocated for the RFP to allow us to get help via additional case mangers and/or case aids
- LOFGC currently has three social worker interns from U.H. and one APRN Practicum student along with a .50 FTE APRN U.H. faculty staff. LOFGC will work with Clinical Services Office if they arrange for psychology interns to help with evaluation & treatment load.

Goal 1.6: Improve access to care for the Child Welfare System

- The Branch Chief assisted in CAMHD training of DHS line staff both in Waiakamilo and Kapolei work sites. In addition, spoke to DHS workers and community during a Leeward DHS community meeting. LOFGC and Central Oahu Family Guidance Center combined with DHS, SBBH and Probation officers conducted the first Leeward/Central Children's Summit to promote increased understanding.
- LOFGC Mental Health Supervisors continually work with DHS in order to expedite SEBD referrals as much as possible. Both agencies work on arranging for evaluations when one is needed to complete a Support for Emotional and Behavioral Development (SEBD) referral packet. We established a checklist process in order to assure that we know where in the process each referral is and what next needs to occur. Mental Health Supervisors maintain logs to know where each referral is so that it does not sit on our Clinical Director's desk, but does in fact get signed off and forwarded as quickly as possible. Mental Health Supervisors assign to Care Coordinator once approval obtained and CC works with the Child Welfare workers to convene a team meeting to commence appropriate treatment services. We do the CAFAS on referrals that do not have one.

Goal 1.7: Improve access to care for the juvenile justice system

- FCLB developed Memorandum of Agreement that allowed Office of Youth Services to access CAMHD treatment beds.
- This Branch Chief was the lead presenter in a presentation to Family Court Judges and Probation Officers earlier in the year. Also did training specifically for Leeward Probation officers.

- LOFGC continues to try to reduce the number of youth in Detention Home and Hawaii Youth Correctional Facility by providing appropriate services ASAP when youth enter Detention Home or Hawaii Youth Correctional Facility. We try to move as soon as we can appropriately place.
- Generally staff works proactively in minimizing court orders specific to mental health treatment by ensuring services are in place. We also try to educate the court via our Clinical Director, Mental Health Supervisors, or Branch Chief as to CASSP principles and "least restrictive environment" around mental health treatment. If a court order is seen as not reasonable, this branch chief has worked with the Attorney General's office asking for reconsideration and has successfully done so on some occasions.

Goal 1.8: Strengthen Access to Care for the education system

- Provided training to staff on eligibility to reduce "gatekeeping"

Goal 1.10: Strengthen partnerships with community organizations

- Branch Chief participates in monthly District Quality Assurance meetings which includes representatives from DOE, DHS, Developmental Disabilities Division, Family Court, Provider Agencies, and the Waianae Community Children's Council (CCC). Branch Chief meets with both Leeward and Waianae CCC on monthly basis. Branch Chief also meets with providers on quarterly basis.
- Provided routine information and education to identified key community groups.
- We have found no need for new formalized community level agreements. There is an old agreement with both CCC in Leeward district.
- We had practicum students put together a resource book for CC that they can reference when looking for community supports to use in Coordinated Service Plan.

Goal 1.11: Strengthen outreach to youth in crisis

- Will arrange for in-service by Access Line in order to ensure new staff are aware of the support available via Access Line and contracted providers. Need to confirm inservice training date

Future Direction

Since we have successfully implemented a number of these strategic initiatives, ongoing implementation and monitoring is needed. The next big area we will be focusing attention on will be the interface with the Judicial System and how we can improve access to care and collaborate more successfully. As part of this we are also planning an initiative to reduce the number of clients that we have in the Detention Home and the Hawaii Youth Correctional Facility.

Windward Oahu Family Guidance Center (WOFGC)

Priority Area 1.	Decrease Stigma and Increase Access to Care

Progress on the goals and objectives

Windward Oahu continues to work on their goals and management efforts and planning to keep the decreasing of stigma and the improvement of access to care on their forefront.

Performance Highlights for 2007 through 2008

Goal 1.1: Development of an anti-stigma strategic plan

- WOFGC involved staff and others in activities for children's mental health awareness week. Flyers were posted, ribbons distributed, and ribbons worn.

Goal 1.2 Define the core components of a successful youth-guided planning meeting

- Mental Health Care Coordinators are inviting youth to Coordinated Service Plan (CSP) meetings. Future staff meetings will develop plan for youth guided planning.

Goal 1.3: Strengthen youth voice in system issues and development

- Mental Health Care Coordinators have talked to various youth about being a representative on the statewide youth council and continue to encourage youth to participate.
- WOFGC continues to bring this discussion to DOE to work with the request that DOE offer credit or excused absences for youth participation in treatment meetings. No progress so far.

Goal 1.5: Improve access to care for the general community

- Mental Health Supervisors and Branch Chief review referrals and distribute to care coordinators to manage. Mental Health Supervisors and Branch Chief will continue to manage.
- Branch Chief group is continuing to work on a plan. At WOFGC caseload averages are still within the acceptable range.

Goal 1.6: Provide access to care for the Child Welfare System

- The Branch has processes in place to assure timely identification and services to youth in the Child Welfare System. 80% of DHS referrals are processed within 30 days. Goal is to make that 100%.

Goal 1.7: Improving access to care for juvenile justice

- Care Coordinators attempt to place youth in Detention Home and Hawaii Youth Correctional Facility in other programs more quickly. Branch works closely with the Family Court Liaison Branch on transitions.

- WOFGC in concert with other Oahu Branch Chiefs has provided training to Probation Officers on the Support for Emotional and Behavioral Development (SEBD) referral process.

Goal 1.8: Strengthen Access to Care for the education system

- The Branch staff have had training regarding SEBD eligibility and Mental Health Only eligibility. Will develop further trainings to reduce gate keeping.

Goal 1.10: Strengthen partnerships with community organizations

- In efforts to increase the identification and use of community groups on CSPs MHCCs have invited more community groups to CSP meetings
- Branch has partnerships with DOE and DHS but they are not formalized in writing.
- Branch provides routine information and education to identified key community such as the DOE, DHS and Windward Community Children's Council.
- Branch chief attends district Quality Assurance, Windward Community Children's Council meetings and a quarterly meeting with DHS. The Branch will continue its efforts to identify of other key community groups in the Windward area and create a plan to engage them.

Goal 1.11: Strengthen outreach to youth in crisis

- The Branch has strengthened outreach to youth in crisis through its assistance to youth and families in crisis in addition to providers.

Hawaii Family Guidance Center (HFGC)

Priority Area 1.	Decrease Stigma and Increase Access to Care

Progress on the goals and objectives

Of the 24 initiatives assigned to the branches, the HFGC has completed 50% of them, and the other 50% are well underway. Our local Management Team reviews our progress on the strategic plan regularly, and has kept these initiatives on the forefront.

Performance Highlights for 2007 and 2008

Goal 1.1: Development of an anti-stigma strategic Plan

- We have held events for Children's Mental Health Awareness Day for 3 years in a row, and are already beginning the planning for our 2009 event. Events were held in Hilo in 2006 and 2007, and in Hilo and Kona in 2008. Each year the events are larger and include collaboration from multiple community partners.

Goal 1.3: Strengthen youth voice in system issues and development

- A young adult from the Big Island now works for Hawaii Families as Allies and will be establishing a Big Island youth council that will send a representative to the statewide council.

Goal 1.4: Strengthen family voice across all aspects of the system

- Parent Partners are regular members of our management team and have been sharing their contact data regarding HFGC families.
- We drafted "Purple Book"-like standards to help staff and families understand what Parent Partners do and when we should refer to them.

Goal 1.5: Improve access to care for the general community

- Our census continues to increase significantly from year to year.
- We have a sophisticated and centralized intake system at our branch, and have educated the community about that system and how to access it.
- We are a multidisciplinary training site for MA and PhD level psychology students, Social Work students, APRNs and psychiatry residents.

Goal 1.6: Improve access to care for the Child Welfare System

- We meet monthly with Child Welfare Services leadership island-wide to discuss shared cases and potential referrals.
- We have provided training for Child Welfare Services staff on the Support for Emotional and Behavioral Development (SEBD) referral process.

Goal 1.8: Strengthen Access to Care for the education system

- Provided training for DOE and FGC staff about Peer Review, with an emphasis on decreasing "gatekeeping"
- Conducted a survey of how Peer Review is functioning in order to identify problems and develop action plans.

Goal 1.10: Strengthen partnerships with community organizations

- Coordinated Service Plans show increased identification of community supports
- We have done outreach to health centers, Emergency Departments and pediatricians on the island to talk about how we can help each other help our clients.

Goal 1.11: Strengthen outreach to youth in crisis

- We have several Applied Suicide Intervention Skills Training (ASIST) trainers on island now.
- The quality of crisis plans in Coordinated Service Plans is improving.
- Clinical Director meeting with CMO to offer support and collaboration.

Future Direction

Since we have successfully implemented a number of these strategic initiatives, ongoing implementation and monitoring is needed. The next big area we will be focusing attention on will be the interface with the Judicial System and how we can improve access to care and collaborate more successfully. As part of this we are also planning an initiative to reduce the number of clients that we have in the Detention Home and the Hawaii Youth Correctional Facility.

Maui Family Guidance Center (MFGC)

Priority Area 1.	Decrease Stigma and Increase Access to Care

Progress on the goals and objectives

Of the 24 initiatives assigned to the branches, the Maui Family Guidance Center has completed 22 of them. Our local Management Team reviews our progress on the strategic plan regularly, and has kept these initiatives on the forefront.

Performance Highlights for 2007 through 2008

Goal 1.1: Development of an anti-stigma strategic Plan

- We have had events for Children's Mental Health Awareness Day for the past three years. This year staff wore ribbons commemorating this week-long event to bring awareness to the Maui community and to stakeholders and families. We posted signs within our program building, gave out the ribbons and pamphlets on children's mental health, and also publicized the commemoration of this event via our District Quality Assurance. On May 8th, in partnership with Hawaii Families As Allies (HFAA), we did sign waving at some of the schools as well as in front of the State Building in Wailuku to increase the public's awareness.

Goal 1.2 Define the core components of a successful youth-guided planning meeting

- Adopted core components based on the findings of the Research and Training Center on Family Support and Children's Mental Health at Portland State University. This was presented at the State Management Team conference on July 23, 2007. Maui youth attend these planning meetings.

Goal 1.3: Strengthen youth voice in system issues and development

- Mental Health Supervisors and Mental Health Care Coordinators reviewed cases and potential clients/youth who might benefit from participation. Of those that would be good potential candidates, several were interested.
- We currently have one youth from Maui who participates on the Youth Council.

Goal 1.4: Strengthen family voice across all aspects of the system

- Parent Partner is an active participant in our Quality Assurance Meetings as well as our District Quality Assurance Team Meetings. She also attends our staff meetings and has an office here at our program.
- At intake, all families are given Hawaii Families As Allies brochure and informed of services of Parent Partner. Parent Partner is informed of interested families and then does follow up to meet with families. Parent Partner also holds Parent Support Groups and Parent Trainings here at our program site. Hawaii Families as Allies Parent Partner was chairperson for our Children's Mental Health Awareness Day on May 8, 2008.
- Three of our staff participated in the Children and Youth Day held at two schools in May 2007 and 2008 and provided the on-sight management of the operations of the CAMHD booth. Parent Partner is chairing our Mental Health Awareness Day

celebration. We are tentatively looking to do an open house during the year-end holiday season.
- Our Hawaii Families as Allies Parent Partner is an integral part of our Management Team that meets monthly.

Goal 1.5: Improve access to care for the general community

- We have instituted into our supervision plan of Mental Health Care Coordinators, an emphasis on teleconferencing into team meetings on a case-by-case basis as is appropriate and viable. We've also continued to emphasize clerical support to Care Coordinators to minimize Care Coordinator's non-clinical paperwork. Additionally, through active collaboration with treatment team, we have been able to step youth down to lower levels of care and to close out cases as appropriate.
- We are a multidisciplinary training site for U.H. School of Medicine Psychiatric Residents and Interns participating throughout the year on a rotational basis providing consultation to Care Coordinators under supervision of Clinical Director.
- Our census has been increasing.

Goal 1.6: Improve access to care for the Child Welfare System

- We have participated in providing training to DHS line level staff last year on the Support for Emotional and Behavioral Development (SEBD) process. We have not done training of foster parents.
- Intake Coordinators work closely with DHS Child Welfare Workers on referrals. When all referral information has been gathered, the Mental Health Supervisors expedite the review process with the Clinical Director and then the Medical Director. Once approved, the case is then assigned to a Care Coordinator who then works closely with the Child Welfare workers to convene a team meeting to commence appropriate treatment services. We are completing the CAFAS on referrals that do not have one. We now have the option of enrolling youth into our program and providing services to youth with a provisional diagnosis (i.e., no formal mental health assessment or diagnosis) under presumptive SEBD eligibility pending obtaining a mental health assessment within 90 days.
- Branch Chief meets monthly with Child Welfare Services leadership to discuss shared cases and potential referrals. She is also a member in regular attendance at the monthly Child Welfare Services Advisory Council on Maui.

Goal 1.7: Improving access to care for juvenile justice

- An MOA regarding neighbor island travel for youth requiring escort has been completed. Also, we are working closely with Family Court supervisor through regular contacts and monthly District Quality Assurance meetings to address challenging youth.
- Youth in Detention Home are presented in MFGC treatment team meetings weekly. Youth in Hawaii Youth Correctional Facility are reviewed at least monthly. Clinical Director oversees the review process and provides consultation, addressing transitioning issues, etc.
- Care Coordinators working in collaboration with youth/family, respective Probation Officer, Guardian Ad Litem, Parent Surrogate, Deputy Attorney General, other stakeholder team members to assure least restrictive most appropriate level of mental health treatment is provided in timely manner (CASSP) so that Court orders for treatment can be minimized.
- Branch Chief is a member of the CAMHD Training Committee.

Goal 1.8: Strengthen Access to Care for the education system

- Mental Health Supervisors review peer review summaries with their respective staff for monitoring and supervision purposes to assure that cases brought in for discussion are being directed into our system as appropriate. In the more complex referrals, the Mental Health Supervisors attend the peer review meetings with their respective Care Coordinators. As part of an on-going collaborative relationship with the DOE, materials on IDEA eligibility categories as well as Chapter 54 were provided, reproduced to scale by the MFGC support staff and distributed to each care coordinator as reference material.
- Provided training for DOE about CAMHD Levels of Care and Access.

Goal 1.10: Strengthen partnerships with community organizations

- Branch Chief participates in monthly District Quality Assurance meetings that include representatives from DOE, Provider Agencies, Children's Community Council, and Family Court.
- Branch Chief participates in monthly District Quality Assurance meetings. Branch Chief also meets monthly with the Maui District Health Office, Maui District DESs and the Community Children's Council of Maui. Branch Chief, Maui District DESs, Developmental Disabilities Division Branch Chief, Family Court Judge, and Child Welfare Services Administrator meet once a month at the Meeting of the Minds. In an effort to provide pertinent information to our stakeholders via regular District Quality Assurance meetings, the MFGC Quality Assurance Specialist will provide data at this meeting to cover: 1) Total MFGC client population, 2) A breakdown of cases per school complexes, and 3) Any patterns or trends in the diagnosis of youth being serviced.
- Meetings have been held with Adult Mental Health Division representatives to address transition of youth aging out of our system.
- Care Coordinators identify appropriate community resources and seek input and participation in Coordinated Service Plan meetings. Coordinated Service Plans show increased identification of community supports.

Goal 1.11: Strengthen outreach to youth in crisis

- Presentation by Access Line supervisor at staff meeting. This brought increased awareness to care coordinators on the use of the Access Line, including placing clients on "Crisis Alert" as applicable, and the role and capability of the Crisis Mobile Outreach component via Child and Family Services.
- We have several Applied Suicide Intervention Skills Training (ASIST) trainers on the island; several MFGC staff have received training.

Future Direction

Ongoing implementation and monitoring is needed since we have successfully implemented a number of these initiatives. The next area we will be focusing attention on will be the interface with the Judicial System. As part of this, we are planning an interagency training by Family Court Judge Valdriz in Spring 2009 with Child Welfare Services workers to learn how to best facilitate the joint oversight of these youth shared by each agency.

Kauai Family Guidance Center

Priority Area 1.	Decrease Stigma and Increase Access to Care

Progress on the goals and objectives

Kauai Family Guidance Center Branch (KFGC) continues to work on those goals that are still ongoing while making sure that those completed goals and objectives are kept on the forefront and that efforts continue to decrease stigma and improve access to care.

Performance Highlights for 2007 through 2008

Goal 1.1: Development of an anti-stigma strategic Plan

- Branch held activities for children's mental health awareness week
- Members of the Branch participated in poster sign holding on Mental Health Awareness Day

Goal 1.2 Define the core components of a successful youth-guided planning meeting

- Define the core components of a successful youth-guided planning meeting..

Goal 1.3: Strengthen youth voice in system issues and development

- Ongoing meetings at school level to help Family Skills Worker's to communicate with youth
- The Branch continues to seek client representative on the statewide youth council.
- Plan in place to meet with DOE regarding the offering of credit or excused absences when youth participate in treatment meetings.

Goal 1.4: Strengthen family voice across all aspects of the system

- Parent Partner participates in our management meetings.
- Hawaii Families as Allies is housed in our office with complete access to office usage.
- Getting Hawaii Families as Allies more involved with our center activities
- Ongoing sponsorship of family event at the Kauai Family Guidance Center.

Goal 1.5: Improve access to care for the general community

- The role of intake coordination has been designated to individual schools to manage and facilitate referrals.
- The Branch continues to hire Family Support Workers for managing the workload of the Mental Health Care Coordinators as census increases.

Goal 1.6: Provide access to care for the Child Welfare System

- Completed training for DHS staff and foster parents on the Support for Emotional and Behavioral Development (SEBD) referral process.
- The Branch has processed timely identification and services to youth in the Child Welfare System.

Goal 1.7: Improving access to care for juvenile justice

- The Branch continue to resolve barriers to mental health treatment due to language of court orders with training that has been provided to youth and families on family court language.
- Efforts are ongoing with Family Court to develop initiative to reduce the number of youth with mental health needs in Detention Home and Hawaii Youth Correctional Facility. Attend meetings with Family Court to address treatment of clients.
- Completed training to Probation Officers on the SEBD referral process.

Goal 1.8: Strengthen Access to Care for the education system

- The Branch has provided training to staff on eligibility to reduce "gate keeping".

Goal 1.10: Strengthen partnerships with community organizations

- The Branch has identified key community groups in each area, and has attended meetings as invited.
- The Branch has a formalized community level partnership agreement in the Mokihana Project
- Invitations to community groups have been sent out to increase the identification and use of community groups on Coordinated Service Plans.
- The Branch has been providing routine information and education to identified key community groups

Goal 1.11: Strengthen outreach to youth in crisis

- The Branch has strengthened outreach to youth in crisis through the creation of an individual budget and a "crisis after hours" team.

PRIORITY AREA 2

Priority Area 2.	Implement and Monitor Effectiveness of a Comprehensive Resource Management Program

To better meet the fluctuating needs of individual youth and the CAMHD population as a whole, CAMHD will prioritize the effective management of its resources. Per the CASSP principles, the services provided to each youth are individualized and customized to meet the specific needs at each point in time. Often the needs of the youth shift among different types of services over time. CAMHD, as a managed care provider, must be able to provide the appropriate volume of any needed service in a timely manner. To do so, CAMHD must be able to accurately measure the filled and stored capacity of each type of care in real time to assure that youth receive their appropriate services as soon as it is available. CAMHD must also be able to adjust its resources and capacities based on projected needs. The Strategic Plan also calls for CAMHD to identify disparate needs of subpopulations and develop system capacity to adequately meet those varied needs. The specific goals for this priority area are listed below.

2.1 Improve the quality of utilization management data reporting
2.2 Develop and adjust resources in a timely and effective manner based upon identified needs

Progress on the Goals and Objectives

The quarterly CAMHD Utilization Management Report has improved its methodology to capture "real time" data by switching from a 90-day *Accepted Records* data report to a 30-day *Service Authorization* data report. This has increased the ability of the Utilization Management Committee to make real time decisions regarding expansion and/or contraction of services and has resulted in the Family Guidance Centers statewide able to individually monitor the significant trends in their utilization of services per level of care. The Utilization Management Report has been streamlined to show statistically significant statewide trends and Family Guidance Center Trends. The trend information will help focus efforts to improve the CAMHD system of care at both the state and regional level.

CAMHD Resource Management has initiated an efficient and useful reporting project. We are analyzing CAMHD's Resource Management reporting and monitoring functions and developing better reporting. A plan has been initiated to simplify and reduce the number or reports to those that add significant value while meeting reporting requirements. We are automating reports to reduce the time-consuming burden of repeatedly generating the same report with different data.

In addition to the reporting improvements and committee decision-making improvements, the daily operations of the Resource Management Section are able to respond to individual youth and family needs for treatment in real time. Temporary bed expansions to provider contracts are developed to accommodate the placement of youth in need of immediate mental health treatment when resources are full and bed availability is scarce.

Acute Psychiatric Services was added to our service array. A plan for proper utilization and management of those services was developed and implemented. Acute Psychiatric Services and Hospital Based Residential Services, CAMHD's two highest, most restrictive, and most expensive levels of care, are centrally managed and other levels of care are managed at the Family Guidance Center level. A database was developed for appropriate utilization management reporting.

A major CAMHD initiative has lifted the limits on contracted beds for Therapeutic Foster Care, and this has resulted in greater numbers of youth being placed into this lower level of care,

supporting both CASSP principles and decreasing the more restrictive and costly (higher) levels of care.

Performance Highlights for 2007 and 2008

2.1 Improve the quality of utilization management data reporting

- Improved Utilization Management Report
- Improved Decision-making Capability

2.2 Develop and adjust resources in a timely and effective manner based upon identified needs

- Developed Therapeutic Foster Home Bed Expansion Request process. Therapeutic Foster Home Bed Expansion Requests were 100% approved.
- Developed Therapeutic Group Home and Community-based Residential program expansion algorithm and process. These programs were expanded to meet current needs in real time.
- Developed Interagency Performance and Practice Guidelines Waiver process and team members. IPSPG Waivers were approved to accommodate the placement of youth into therapeutic foster care.
- Have Provider Waitlists management process in place to accommodate the placement of youth held in the Detention Home, The Hawaii Correctional Youth Facility, CAMHD youth identified as having a Gap in Service (incorrect level of care provided), and hospitalized youth.
- Clinical and Administrative Consultation provides Family Guidance Centers statewide with assistance to Mental Health Care Coordinators and other Family Guidance Center staff about the CAMHD Service Array, service availability, administrative procedures, and access issues.
- Behavioral Health Managed Care Model/Utilization Reviews based on Medical Necessity for youth receiving Acute Psychiatric Services and Hospital-based Residential Services.
- Adjust MST team sizes based on utilization data and have process for making adjustments

Future Direction

Efforts to maintain the CAMHD Service Array and manage resources accordingly are planned for the remainder of Fiscal Year 2008-2009. However, maintaining achieved progress is at risk due to the uncertainty of this year's financial challenges.

PRIORITY AREA 3

Priority Area 3.	Implement a Publicly Accountable Performance Management Program

During the community input phase of the strategic planning process, many, including parents, community members and staff, endorsed the value and expressed their appreciation for CAMHD's performance management activities. The performance management system is seen as key to maintaining the service and system improvements made during the Felix Consent Decree. CAMHD re-commits to maintaining performance management system as well as commits to improving its system. The goals are listed below:

3.1 Implement annual local community and state Quality Assurance & Improvement Programs
3.2 Perform annual evaluations with recommendations for system refinements
3.3 Develop and maintain consistent partnerships with Dept. of Education and Child Welfare Services in conducting cross-agency case-based reviews
3.4 Facilitate Interagency Quality Assurance Group meetings at the community and state levels
3.5 Demonstrate compliance with the Balanced Budget Act of 1997, Medicaid Final Rules for Managed Care Organizations
3.6 Develop feedback linkages between performance data and all levels of system management and policy decision-making
3.7 Consistently communicate performance data to communities and stakeholders
3.8 Strengthen the quality of performance monitoring practices with a focus toward improving provider practice competencies

Progress on the Goals and Objectives

3.1 Implement annual local community and state Quality Assurance & Improvement Programs

The CAMHD QAIP and its performance management practices involve an extensive and systematically implemented system for examining performance and using findings to inform decisions about services and needed adjustments to program implementation. Performance data in CAMHD are tracked and analyzed across all aspects of service delivery and care. This information allows CAMHD to determine how well the system is performing for youth, and how well youth are progressing. It is sensitive enough to determine if the system is performing better or worse for certain populations, and comprehensive enough to detect what aspects of care, and in what settings, problems may be occurring. Services are monitored through tracking of trends and patterns found in utilization and satisfaction data, and examinations of practice and quality of services.

Goals of the QAIP are achieved through an annual work plan that maintains improvement activities and measures for each QAIP objective. Participants in the system are expected to engage in ongoing quality assurance activities to improve their services and integration with the system. Contractors are expected to partner and develop roles for youth and families in the monitoring and management of the agency and how they will actively partner in performance management activities with the broader service system. Contractors and those who apply to be contractors with CAMHD must describe how their internal quality assurance practices are in alignment with the CAMHD performance management system and quality assurance practices, including how service quality is internally monitored through tracking and analyses of trends and patterns. They must also describe how information on their performance and quality will be used to make programmatic and practice improvements. This is part of the CAMHD RFP process.

3.2 Perform annual evaluations with recommendations for system refinements

The annual evaluation for fiscal year 2007 was completed. The Annual Evaluation Task Force reviewed the FY2007 Annual Evaluation, discussed the FY2006 recommendations, and added new recommendations for system improvements.

3.3 Develop and maintain consistent partnerships with Dept. of Education and Child Welfare Services in conducting cross-agency case-based reviews

The CAMHD Performance Management Section has established partnerships with the DOE and CWS to assist in conducting cross-agency coordinated service reviews. Both Quality Assurance Specialists and Program Monitors assisted in the FY2008 Child Welfare Services Quality Case Reviews and are assigned to reviews in FY2009. An active reviewer pool is maintained through the Performance Management Section and Quality Assurance Specialists at the Family Guidance Centers. This has been an excellent opportunity for reviewers to become more familiar with the CWS and DOE review process. In July 2008, the Department of Human Services kicked off the countdown to the 2009 Hawaii Child and Family Services Review with a conference, which outlined the initiatives developed for the 2009 CFSR. The Performance Management sent a representative to the conference. CAMHD is committed to helping with future statewide assessment activities.

3.4 Facilitate Interagency Quality Assurance Group meetings at the community and state levels

District Interagency Quality Assurance Group meetings are consistently held at the community and state levels. The Interagency Quality Assurance Memorandum of Understanding (MOU) was signed. [Please see Attachment 1]

3.5 Demonstrate compliance with the Balanced Budget Act of 1997, Medicaid Final Rules for Managed Care Organizations

In May 2008, the Health Services Advisory Group (HSAG) conducted an external quality review of compliance with federal Medicaid managed care regulations and associated State contract requirements in seven performance categories (Availability of Services, Coverage and Authorization of Services, Emergency and Post-stabilization Services, Provider Selection, Credentialing and Re-credentialing, Delegation, and Practice Guidelines). CAMHD scored 100% in all categories with no corrective action plans required.

3.6 Develop feedback linkages between performance data and all levels of system management and policy decision-making

Feedback linkages between performance data and all levels of system management and policy decision-making is an active part of CAMHD's Quality Assurance and Improvement Program (QAIP). An annual schedule of reporting established through the QAIP Workplan is part of the system for systematic review of data, and recommending improvements based on what the data are telling us.

3.7 Consistently communicate performance data to communities and stakeholders

The Integrated Performance Monitoring Report is published quarterly and shared with community stakeholders via the CAMHD website. Core Quality Assurance practices for CAMHD branches were developed and have been implemented at the Branch Level. The core Quality Assurance practices are linked to the CAMHD QAIP and Quality Assurance Practice Model. CAMHD shared its data with groups such as the Children's Community Council.

3.8 Strengthen the quality of performance monitoring practices with a focus toward improving provider practice competencies

The Administration and Operational Program Review Tools have been fully implemented into the review process beginning in FY2007. Program Monitors attend CAMHD trainings and workshops provided by the Clinical Services Office to build competencies and knowledge base of the monitors through training, mentoring, and collaboration.

The CAMHD Program Monitoring Section developed a provider survey that gathered information from providers on the data presentation of monitoring reports, relevance of feedback and applicable nature of the recommendations in the program surveyed. The survey was implemented in January 2008 and is included in all annual report binders when they are mailed to the provider. The provider feedback is then reviewed in section meetings and activities developed to address identified improvement areas.

Based on acceptable levels of performance in FY2007, an approach was developed and implemented in FY2008 by the Program Monitoring Section. This practice continues through the current Fiscal Year and has lent to more comprehensive case-based review reports and feedback on practice-specific opportunities for improvement.

Performance Highlights for 2007 and 2008

- A cohesive and accountable reporting structure continues to approve, implement, assign, and monitor the system's improvement activities.
- A visit from Washington D.C.'s mental health system of care provided an excellent opportunity to share Hawaii's knowledge of what works in a nationally recognized system of care.
- The fiscal year 2007 annual evaluation is complete.
- The Memorandum of Understanding has been completed and signed by all participating members of the Interagency Quality Assurance Group.
- CAMHD has demonstrated 100% compliance with the Balanced Budget Act of 1997, Medicaid Final Rules for Managed Care Organizations.
- Core Quality Assurance Practices have been developed and implemented.
- Quality Assurance meetings are occurring on a quarterly basis.
- The Program Review Tool has been fully implemented.
- The percentage of timely reports has increased.
- A program monitoring survey has been developed and implemented.
- A less-intense review approach has been developed and implemented.

Future Direction

Continue to monitor the effectiveness of the activities implemented, develop activities for future goal initiatives, and identify areas where we can further improve.

PRIORITY AREA 4

Priority Area 4:	Implement and Monitor a Comprehensive Practice Development Program

To assure that mental health services to youth and their families are of high quality, CAMHD will prioritize the implementation of a comprehensive practice development program. This priority area will seek to strengthen the core competencies and clinical skills and practices of clinicians and their supervisors. Through partnerships with higher education, professional guilds, and other child serving agencies, CAMHD will seek to strengthen the supply and increase the demand for highly trained clinicians with valuable technical skills. Specifically, this priority area has the goals as listed below.

4.1: Strengthen and expand academic liaisons to impact pre-service educational programs
4.2: Strengthen inter-agency agreements regarding workforce and practice development
4.3: Disseminate evidence-based services and monitor the utilization of evidence-based practice elements
4.4: Strengthen the core competencies of the current work force
4.5: Increase collaboration with statewide professional guild around training, professional development, evidence-based services dissemination, and other professional issues.

Progress on the Goals and Objectives

- Membership in the Mental Health Transformation Grant (MHTG) work groups and task groups on pre-service education and workforce issues (Strategies 4.1 and 4.2),
- Leadership in the Evidence Based Services Committee engaged in the research and evaluation of promising evidence based practices (Strategy 4.3),
- Authorship and presentation of the Provider Foundation Training series to strengthen core competencies and ensure consistent delivery of therapies that work (Strategy 4.4),
- Mentorship and training for contracted providers on reducing Seclusion and Restraint (S & R) for youth affected by trauma (Strategy 4.4).

Changes in strategy due to environmental factors, methodology, partners and challenges

The following Activities under each of the strategies have been adjusted or changed based on environment situations, methodology or other challenges.

4.1: Expand/Strengthen academic liaisons to impact Pre-service Education Programs
4.2: Strengthen Interagency Agreements regarding Workforce & Practice Development

- Work in collaboration with the Mental Health Transformation Grant (MHTG) effort has subsumed the categories under these two strategies. When this plan was first written, the opportunity to work with the MHTG was not anticipated. We have participated in the MHTG work groups and task groups on Workforce Development and Educating the Public.

4.3: Dissemination of Evidence Based Services and Monitor the Utilization of Evidence Based Services
4.3.5: Provide annual priority for the training on specific EBS services. This may include importing packaged evidence based approaches into the state.

- The current budgetary climate has suspended efforts to import new or expand existing packaged evidence-based approaches.

4.5: Increase collaboration with statewide professional guilds around training, professional development, EBS dissemination, etc.

4.5.10: Increase CAMHD staff participation in professional guilds.

- CAMHD psychologists have increased their level of collaboration with the Hawaii Psychological Association, and believe it is now sufficient to satisfy this activity. It may be prudent to absorb this strategy into Strategy 4.3 as both this and that Strategy appear to serve the same purpose.

Performance Highlights for 2007 and 2008

4.1: Strengthen and expand academic liaisons to impact pre-service educational programs

- The Practice Development Section of CAMHD's Clinical Services Office was represented at the 2008 Children's Health Summit held by the MHTG. The overarching goal of the MHTG is to strengthen and expand liaisons with both the academic and service system community to focus on areas such as pre-service educational programs.
- Practice Development staff are actively involved in the MHTG task groups: Workforce Development and Educating the Public.
- CAMHD has arranged practicum training sites for local universities including new training slots for psychology students and advanced nursing students.

4.2: Strengthen inter-agency agreements regarding workforce and practice development.

- Practice Development staff are members of the MHTG work group on Workforce Development with system of care partners.

4.3: Disseminate evidence-based services and monitor the utilization of evidence-based practice elements

- The 2007 Biennial Report was published from the work of the Evidence Based Services Committee of CAMHD and is a major resource in children's mental health. The Report is also located on the CAMHD website at http://hawaii.gov:80/health/mental-health/camhd/library/pdf/ebs/ebs012.pdf.
- The "Blue Menu" is the quarterly update to the data presented in the 2007 Biennial Report listing treatments and medications that work with troubled youth.
- CAMHD has imported three well established packaged evidence based programs into Hawaii and provides on-going support and supervision to these programs via the Practice Development section. This is a major activity in support of Strategy 4.3.

4.4: Strengthen the core competencies of the current work force

- The first official Provider Foundation Training (CAMHD 101) began in the Spring of 2008 and sets the groundwork for CAMHD's contracted providers in the CAMHD practice model. It is a prerequisite to the "What Works Shop" training series, whose purpose is to ensure that services are being delivered with the same fidelity among contracted providers.
- The curricula for the first two trainings of the "What Works Shop" training series (Disrupting Disruptive Disorders and Motivation/Engagement) are being finalized for their debut in October 2008.
- The special population focus for this past fiscal year was youth who have experienced trauma. Successful efforts and outcomes were bolstered by a SAMSHA Grant awarded

to CAMHD in September 2004, known as the "Cultures of Engagement in Residential Care" (CERC) project. During 2008, the CERC project delivered training on Trauma Assessment tools, spearheaded an inter-agency Trauma Conference, presented at the Institute for Violence, Abuse and Trauma conference and sustained a forum for contracted providers to discuss alternatives to seclusion and restraint for traumatized youth.

4.5: Increase collaboration with statewide professional guild around training, professional development, evidence-based services dissemination, and other professional issues.

- CSO psychologists have increased collaboration with Hawaii Psychological Association (HPA). They have presented at a roundtable on Public Psychologist issues at the HPA convention and will be presenting again this year.

Future Direction

CAMHD intends to continue ongoing strategies with the exception of those listed under "Changes in strategy due to environmental factors, methodology, partners and challenges."

Below is a list of new Activities that are occurring under Strategy 4.3 and not included in the current CAMHD Strategic Plan:

4.3: Disseminate evidence-based services and monitor the utilization of evidence-based practice elements.

- Create a certification program for Mental Health Providers that shows they have successfully learned and used evidence based therapeutic techniques.
- Continue to support current evidence based service packages: Functional Family Therapy, Multidimensional Therapeutic Foster Care and Multisystemic Therapy.
- Continue promoting and monitoring Trauma Informed Care to help improve residential care in Hawaii and sustain the successes of the CERC project.
- Include evidence based practice guidelines for working with suicidal and self-harming youth in the What Works Shop training sessions.
- Continue to support Commonsense Parenting Skills training project (evidence based parenting training through Boy's Town) in partnership with Hawaii Families As Allies and UH.
- Provide training and consultation to Girls' Court program on trauma-informed care and Dialectical Behavior Therapy.

Below is a proposed new strategy and activities occurring under the new strategy not currently included in the CAMHD Strategic Plan.

Proposed New Strategy 4.5 Strengthen Clinical Practice

- Convene monthly statewide meetings with Family Guidance Centers statewide to discuss challenging cases.
- Work together with CAMHD's Performance Management section to assist contracted service providers with identified organizational problems.
- Continue initiative to improve services for transition to adulthood (TAY) youth.

PRIORITY AREA 5

Priority Area 5.	Implement and Monitor a Strategic Personnel Management Plan

This priority area will address the need to increase the number of culturally competent mental health professionals, and increase access to those professionals in rural and remote areas. Goals and activities in this priority area will address workload and organizational structure to assure reasonable working conditions for licensed clinicians and staff, as well as strategies to address recruitment and retention. CAMHD will continue to lead an ongoing interagency and university collaboration to evaluate and distribute information about evidence-based practices throughout its system, including pre-service training of future mental health professionals.

5.1 Clarify and define workload structure for CAMHD licensed clinicians
5.2 Implement task force recommendations approved by the CAMHD Executive Management Team for workload structure for licensed clinicians
5.3 Implement new policies and procedures related to licensed clinicians workload
5.4 Assure the organizational framework supports effective practices
5.5 Implement rural and neighbor island workforce development
5.6 Implement a recruitment and retention initiative
5.7 Establish "safety net" case management once the average caseload of section exceeds 20 to insure that case coordinator workloads are reasonable

Progress on the Goals and Objectives

5.7 Clarify and define workload structure for CAMHD licensed clinicians
5.2 Implement task force recommendations approved by the CAMHD Executive Management Team for workload structure for licensed clinicians
5.3 Implement new policies and procedures related to licensed clinicians workload
5.4 Assure the organizational framework supports effective practices

In order to have clear definitions and consistent application of workload for Clinical Psychologists and Psychiatrists (Clinical Directors), it is important to define these expectations. The workload structure for CAMHD licensed clinicians is a task that is under the management of the CAMHD Family Guidance Center Branch Chiefs, the Clinical Services Office and the involved discipline groups (Clinical Psychologists and Clinical Directors). Definition of workload structure has resulted in workload expectations for the Clinical Psychologists regarding the provision of mental health assessments, and the Clinical Directors regarding the provision psychiatric assessments and medication management for clients. This work is moving toward establishing formal guidelines regarding management of clinician work expectations and workload. The goal is to assure reasonable workloads while assuring maximum effectiveness of clinician practices.

5.5 Implement rural and neighbor island workforce development
5.6 Implement a recruitment and retention initiative

The implementation of rural and neighbor island workforce development continues. Branches deploy staff to the rural areas to cover the needs of eligible children and youth. Recruitment of qualified staff in the neighbor islands continues to be a challenge. The Department of Health has facilitated hiring through mechanisms such as recruitment/hiring above the allowed minimum for shortage areas. A Memorandum of Agreement with the Department of Health and the Union to facilitate a pay scale that would compensate psychiatrists based on credentials and education.

5.7 Establish "safety net" case management once the average caseload of section exceeds 20 to insure that care coordinator workloads are reasonable

Developing a "safety net" on case management positions is still in process. CAMHD has set a standard of not exceeding 20 clients per case manager. The caseloads in some areas are increasing more rapidly than in others. Monthly case load analysis has enabled CAMHD to provide a quicker review and respond to the need of additional positions. CAMHD has moved positions from one Family Guidance Center to another to help maintain lower case levels, but this is not sufficient to keep them at the standard. CAMHD is working with the Department of Health to find more positions that can be used as case manager positions to maintain the standard and continuity of care.

Performance Highlights for 2007 and 2008

Goal 5.1: Clarify and define workload structure for CAMHD licensed clinicians

- The CAMHD licensed clinicians are now providing more direct services to the clients and families eligible for services. The turn around time for eligibility for Support for Emotional and Behavioral Development (SEBD) clients has decreased with the Clinical Psychologists providing the missing mental health assessments and/or Child and Adolescent Functioning Assessment Score (CAFAS). The SEBD clients are those clients that are eligible for CAMHD services through the MedQuest eligibility.

Future Direction

CAMHD serves youth with the highest intensity mental health issues in the state. The future direction of Priority Area 5 is to continue the pursuit of case loads not to exceed 20, which is higher than industry standards. According to the National Association of Social Workers caseload standards should be based on the scope of professional responsibilities, the volume of clients to be served, the amount of time the case manager needs to spend with clients, the breadth and complexity of client problems or services, and the length and duration of case mix in determining case manager-client involvement. The number of cases a case manager can realistically handle is limited to the degree to which caseloads consist of acute, high-risk, multi-need clients. Caseload size must realistically allow for meaningful opportunities for face-to-face client contact. As caseload size increases, the case manager has a decreasing capacity to perform ongoing case management activities such as follow-up, monitoring, and reassessment.

PRIORITY AREA 6

Priority Area 6:	Implement and Monitor a Strategic Financial Plan

As part of the Department of Health's goal to develop a seamless network of programs and services with funding sources to sustain improvements beyond court involvement, CAMHD will prioritize diversifying its funding beyond the state general fund. CAMHD will pursue increased federal funding and maximize the benefits of Medicaid reimbursement. This initiative will also include efforts to implement a financial reporting system. The goals are as follows:

6.1 Strengthen the Title XIX Medicaid billing practices
6.2 Strengthen the Random Moments Studies billing
6.3 Strengthen the Title IV-E billing
6.4 Strengthen braided and blended funding
6.5 Maximize funding opportunities by pursuing federal and community grants
6.6 Develop third-party billing agreements
6.7 Implement routine financial reporting

Progress on the Goals and Objectives

6.1 Strengthen the Title XIX Medicaid billing practices

- The title XIX Medicaid billing practices have been strengthened to provide a better stream of revenues to CAMHD. All Family Guidance Centers are now providing billing information for reimbursement for travel expenses for clients and families. CAMHD is also billing for interpretation, assessment and other non-contracted services that had not been eligible earlier.

6.2 Strengthen the Random Moments Studies billing

- The Random Moments Studies are the process for the administrative claiming of staff time for MedQuest eligible youth. The billing is continuing to bring in the required revenues and the accountability of the staff has improved.

6.3 Strengthen the Title IV-E billing

- Title IV-E billing is processed on a regular basis, allowing for the continuous flow of these monies. CAMHD receives monies from Title IV-E billing from two different revenue sources. One source of funding is for the training of employees of the foster home programs of CAMHD contracted providers. This billing is processed on a quarterly basis. The second source of revenue is for the room and board of clients in the foster homes of CAMHD contracted providers. This billing is processed twice a year and is based on actual utilization of the foster homes in our system of care.

6.5 Maximize funding opportunities by pursuing federal and community grants

- CAMHD continues to pursue federal and community grants. In Federal Fiscal Year 2008 CAMHD utilized a Data Infrastructure Grant that enabled the development of a variety of data compilation, research evaluation teams, and tele-health care for the children and youth in Hawaii. With the new data compilation, better case management and provision of services were possible.

6.7 Implement routine financial reporting

- The Family Guidance Centers have implemented routine financial reporting. These reports provide the individual branches with a different viewpoint of how the monies are spent. This has also assisted in better utilization management of the services to the families and children of the state of Hawaii.

Performance Highlights for 2007 and 2008

6.2 Strengthen the Random Moments Studies billing

- Staff has been retrained on the importance of the Random Moments Studies and what the additional revenues from this 2 minute phone call can provide to clients and staff. CAMHD staff was given the "why" of the study, which greatly improved the response when a call was received.

6.7 Implement routine financial reporting

- The Family Guidance Center Public Health Administrative Officers began tracking their budgets and expenditures routinely and in a different way. This provided each of them a better view of when they were spending monies and what they were spending them on, which allowed for easier future budgeting needs. In addition, each branch has been looking at the levels of care that are being provided to the clients registered to their center, take the information to their management team and help determine the utilization management for their particular area. This also allowed the branch to see if there were outliers that may have been previously overlooked.

Future Direction

The future direction of Priority Area 6 is to continue pursuing every source of revenue that we can. Grant writing will continue to be a requirement within CAMHD to provide the continuity of care to the children and families of Hawaii. In addition, other sources of funding will be explored, as it continues to be more important every day to find funding other than the State general fund allocations.

PRIORITY AREA 7

Priority Area 7.	Implement and Monitor a Strategic Information Technology Program

CAMHD relies on its Management Information System to allow treatment teams to conduct real time reviews of youth's services, to measure and evaluate the performance of multiple facets of mental health service delivery, and to electronically manage billing and payment transfers. During the next four years, CAMHD will evaluate the performance of its MIS system, including hardware and software. As the nation moves toward a paper-less system, so, too, will CAMHD. Efforts will focus on developing an electronic clinical record system, and integrating electronic forms and electronic submission of data. This information technology priority will also seek to develop Telehealth and Telepsychiatry initiatives.

7.1 Implement an electronic clinical record system, including integrated electronic forms and electronic submission of forms
7.2 Evaluate quality performance of the Child and Adolescent Mental Health Management Information System (CAMHMIS) on an ongoing basis
7.3 Identify and gain funding supports for CAMHMIS
7.4 Implement a youth-developed internet website on emotional health
7.5 Strengthen the quality of the CAMHD website
7.6 Stabilize hardware and software
7.7 Strengthen the quality of training on the use of information technology
7.8 Maintain the development of CAMHMIS for CRM, MTPS, dashboards and other tools
7.9 Develop Telehealth/Telemedicine system and integrate with information technology

Progress on the Goals and Objectives

CAMHD has been actively pursuing the goal of implementing and monitoring a strategic information technology system. We have established 2 task forces, one for electronic health records and one for Telehealth. We have members who are serving as champions in both areas to move the initiatives forward. The task forces have been defining CAMHD requirements and evaluating how electronic health records and Telehealth will fit and impact CAMHD work practices. CAMHD has evaluated products for electronic medical records and evaluation of utilization and quality.

After evaluation a public domain EHR system, VistA, was chosen. It is maintained by the VA health care system. It is a cost effective choice for the state. If it can be successfully implemented, the costs to CAMHD will be minimal, mainly the implementation and maintenance costs. VistA meets IT requirements for an EHR system since it is a full featured EHR system maintained by the VA. This relieves CAMHD of those administrative and compliance costs. The requirements for a project manager to spearhead EHR have been specified and will be posted. CAMHD has also started the process of acquiring software compatible with the EHR initiative to help with evaluating that youth are receiving the proper levels of care. Hardware has been purchased to support the electronic record systems.

Arrangements have been completed with the UH Department of Psychiatry for a collaborative Telehealth system to link UHand the Family Guidance Centers to help provide mental health services across the state including remote locations. Funding has been budgeted and submitted for personnel, software and hardware. CAMHD, in collaboration with UH, has developed preliminary policies and procedures and necessary training protocols to implement the Telehealth Services Project. The Hilo Family Guidance Center on the Big Island was identified as the initial site to pilot the Telehealth Services Project and UH clinicians recently began providing direct care and consultative services to CAMHD clients and staff. Next steps include Telehealth expansion to West Hawaii and other neighbor island FGC's. Additionally, potential collaborative relationships with DOE, Tripler Army Medical Center and Community Health Centers may offer additional opportunities to provide comprehensive, coordinated mental health services to populations with limited access to these resources.

CAMHD has also made progress in improving its website which now conforms to the overall DOH design and is more user friendly. Forms and reports are online. CAMHD is developing trainings for IT and EHR in collaboration with the University of Hawaii to create tutorials that can be accessed from the internet at any time.

The monthly treatment provider summary is now required for providers to receive payment. This has resulted in an increase in the quality and quantity of reports on the progress of individual youth in treatment. This information can be used to assess the effectiveness of CAMHD's array of services and is now being evaluated toward this end.

Performance Highlights for 2007 and 2008

Goal 7.1: EHR (Electronic Health Record)

- Established an IT task force
- Continued evaluating how EHR systems fit CAMHD work practices
- Continued defining CAMHD EHR systems requirements
- Looked at demos of Millman and InterQual software; Decided on InterQual
- Have EHR systems in our Budget
- Evaluated up and running copy of VistA and Psytrace; CAMHD decided on VistA which is essentially a public domain EHR system maintained by the VA.
- Established a physician Champion for EHR systems.
- Establishing a dedicated EHR project manager position/consultant.
- Developed plan to test EHR and Telehealth systems
- Installed EHR demos at HOFGC and LOFGC.
- Developed specific plan to roll-out EHR systems incrementally.
- EHR will be implemented incrementally with first full phase production system in mid-November to mid-December.
- Obtaining EHR utilization review software that can be used to assess appropriate utilization of clinical services

Goal 7.2: Evaluate CAMHMIS on an ongoing basis

- CAMHMIS ISD committee continues to meet on regular basis and assess
- IT chronically understaffed – recent performance has suffered because of lack of staff
- Difficulty attracting IT staff because of significantly higher private industry pay scale for IT professionals vs. government pay scales

Goal 7.3: Identify and gain funding supports for CAMHMIS

- Little progress in additional funding support
- EHR and Telehealth currently in budget

Goal 7.4: Implement a youth-developed internet website on emotional health

- No current progress and recent budgetary restrictions makes initiation and progress unlikely

Goal 7.5: CAMHD Website

- Continue friendly improvements to the CAMHD website
- Developed more user friendly improvements to the CAMHD website
- Continued evaluating options to develop more user friendly website for CAMHD
- Standards, forms and waivers available online

Goal 7.6: Stabilize hardware and software

- Obtained and in process of obtaining hardware and developing infrastructure to support EHR and Telehealth

Goal 7.7: Strengthen the quality of training on the use of information technology

- Developing training for the EHR system
- Developing online training and tutorials in collaboration with the University of Hawaii Communications department.

Goal 7.8: Clinical Reporting Module, Monthly Treatment Provider Summary, other tools

- Established requirement for MTPS submission to receive payment to increase provider supplied data on outcomes of clinical care. This vastly improved the quantity and quality of outcome data collection to monitor effectiveness of treatment.
- Developing training on practice elements of MTPS to help accurate delivery of best therapeutic practices

Goal 7.9: Telehealth

- Established a Telehealth task force
- Developed a Telehealth work plan and CAMHD requirements
- Established a physician Champion for Telehealth
- Developed contract with UH Department of Psychiatry
- Revised Scope for Telehealth Services Project
- Produced preliminary policies and procedures and training protocols to implement the Telehealth Services Project.
- Began provision of direct care and consultative services to CAMHD clients and staff on the Big Island via the Telehealth Services Project.

Future Direction

CAMHD will continue implementing the goals of Strategic Plan Priority Area 7. Depending on available funds and Department of Health administrative goals, developing a system for evaluation of CAMHMIS on an ongoing basis and Implementing a youth-developed internet website on emotional health may be delayed. The electronic health record, Telehealth, clinical reporting and monitoring, training, and website user friendliness will continue to be CAMHD's major focuses.

INTERAGENCY MEMORANDUM OF UNDERSTANDING

INTERAGENCY QUALITY ASSURANCE

I. Introduction

The purpose of this Interagency Memorandum of Understanding (MOU) is to establish working agreements regarding a Statewide Interagency Quality Assurance system that monitors the quality and effectiveness of services for children and youth with special needs. The Statewide Interagency Quality Assurance System is implemented at the local level through District Quality Assurance Committees and at the state level through the State Interagency Quality Assurance Committee.

II. Mission Statement

The purpose of the Interagency Quality Assurance system is to provide oversight and leadership for quality assurance processes with a focus on collaboration, improving system performance, and problem solving solutions to interagency challenges.

III. Purpose/Philosophy

System of Care Approach to Service Delivery

Hawaii provides services for children and youth through a system of care approach under the Hawaii Child and Adolescent Service System Principles (CASSP) (Attachment 1). System of care is defined as *a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families.*[1] In the "Annual Report to Congress on the Evaluation of the Comprehensive Community Mental Health Services for Children and Their families Program" (1998), prepared by Macro International, the following "hallmarks of the system of care approach" were presented:

- The service system is driven by the needs and preferences of the child and family, using a strengths-based perspective.
- Family involvement is integrated into all aspects of service planning and delivery.
- The locus and management of services are built on multi-agency collaboration and grounded in a strong community base.
- A broad array of services and supports is provided in an individualized, flexible, coordinated manner and emphasizes treatment in the least restrictive, most appropriate setting.
- The services offered, the agencies participating, and the programs generated are responsive to the cultural context and characteristics of the populations that are served.

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[1] Stroul, B.A. & Friedman, R.M. (Revised, 1994). A system of care for children and youth with severe emotional disturbances, (revised edition) Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center.

These tenets are the underlying assumptions for the approach to delivery of services to youth with behavioral health concerns in Hawaii, and provide the framework for measuring how well the service system is performing for youth and their families.

The system of care concept has been reexamined and the definition has been broadened to include three essential elements: a range of treatment services and supports, a guiding philosophy of values and principles, and a supporting infrastructure.[2] The Hawaii service system further incorporates these elements into its assumptions about measuring the performance of its system of care.

Quality Assurance and Systems of Care

Quality assurance is a vital practice in a system of care and is a core component of system of care infrastructure. It provides continuous monitoring of service access, infrastructure and provision for all types of services in all service locations for youth with behavioral health needs. It responds to quality of care issues and systemic barriers impacting the State's ability to provide timely and effective services and care for youth and their families. According to System of Care literature, "System builders need to develop structures that measure quality, that provide feedback loops, and that have response (i.e., quality improvement) capabilities[3]."

Statewide Quality Assurance (QA) System

The design of the Statewide Quality Assurance System encourages accountability for performance of the service system and results for children and families at all levels of the system. It is based on a decentralized approach for assuring quality and problem-solving at the appropriate level:

The following are functions of the Statewide QA System and occur at both the State and Local level:

- Objective review of system performance data and trends regarding services and service delivery mechanisms provided to youth with special needs, ages zero-twenty (0-20) who have interagency involvement.
- Establish study or inquiry areas based on review of data.
- Review system/joint performance issues regarding quality of services.
- Recommend strategies to address interagency system issues affecting quality of services.
- Identification of barriers to effective service delivery that require system changes.
- Monitor implementation of improvement activities.

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[2]Stroul, B. (2002). Issue Brief-Systems of care: A framework for system reform in children's mental health. Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

[3] Sheila Pires (2002). Building Systems of Care: A Primer. Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

IV. Agencies Participating in this Agreement

This MOU is entered into among by the following agencies:

A. Department of Education:
- Student Support Service Branch
- Children's Community Council Office

B. Department of Health:
- Child and Adolescent Mental Health Division,
- Early Intervention Section,
- Developmental Disabilities Division,
- Alcohol and Substance Abuse Division,

C. Department of Human Services:
- Child Welfare Services,

D. First Circuit, Family Court

E. Hawaii Families as Allies.

V. Scope and Responsibilities of Agencies

Structure of State Level and Local Level QA system

It is agreed upon that State and Local Level QA Committees shall be maintained through regular attendance at interagency QA meetings. The purposes of these meetings shall be to systematically review performance data, performance trends, and issues impacting the quality of service provision in alignment with Hawaii CASSP and the Statewide Quality Assurance System functions described in Section II of this Agreement. A further purpose is to promote empowerment and pathways for solving issues at the appropriate level.

- Reporting Structure and functions

  Local –level Quality Assurance (QA) committees are established in each District defined as School Districts. The local-level QA is responsible for timely submittal of minutes and referrals to the State-level QA Committee regarding patterns of performance and issues that should come to the attention of the state-level, and/or cannot be resolved at the local level.

  State-level Interagency Quality Assurance (IAQA) Committee is established at state-level to examine statewide performance trends, and to make programmatic and policy recommendations regarding findings that are impacting the quality of care for the target population.

- Membership

  Membership shall be comprised of the following:
  Local-level QA committees are jointly convened by Complex Area Superintendents and Family Guidance Center Branch Chiefs. Membership is comprised of the School Based Behavioral Health (SBBH) District Educational Specialists (DESs), Family Guidance Center Quality Assurance Specialists, Special Education DESs,

Department of Education (DOE) District Psychologists and members of the Community. Complex-level QA Committees are encouraged but are optional within the Districts.

State-level IAQA Committee is convened by the Performance Manager of the Child and Adolescent Mental Health Division (CAMHD) and the State Director of Student Support Service Branch. Membership is comprised of the following individuals or their designees:

- Director of Student Support Services,
- Administrator of Special Education,
- State Educational Specialist for School-based Behavioral Health;
- Chief of CAMHD,
- Chief of Alcohol and Drug Abuse,
- Chief of Developmental Disabilities,
- Section Head, Early Intervention Services,
- Performance Manager, CAMHD,
- Medical Director, CAMHD,
- Treatment Court Coordinator, First Circuit, Family Court,
- Program Development Administrator, Child Welfare Services,
- Supervisor, Children's Community Council Office,
- Executive Director, Hawaii Families as Allies,

- Decision-making

Decision making shall be by consensus of the group whenever possible. When it appears to the chair that opinions are divided, voting will occur. A simple majority will prevail. A quorum is necessary to make decisions.

- Frequency of Meetings

Both local and state level QA committees will meet on a monthly basis. The State-level IAQA Committee will convene an annual retreat to evaluate progress and set goals for the coming year.

- Co-Chairs of State-level QA Committee

Co-chairs shall be selected on an annual basis through consensus of the State Interagency Quality Assurance Committee.

- Information-sharing and Confidentiality

The State Interagency Quality Assurance Committee shall develop data sharing and confidentiality agreements. All applicable state and federal laws governing the sharing of information shall be adhered to.

- Review of Data (State and Local Level)

On an annual basis, a core data set including data reports shall be developed. The Co-Chairs shall develop an annual reporting schedule. Members shall be designated to bring applicable reports to the committee as assigned. Data reviewed

shall be the most current available to members in order to make timely recommendations regarding any needed improvements to services and/or service delivery infrastructure.

Occasionally review of the data may infer the need for a Special Study or a work product to be developed. The State Interagency Quality Assurance Committee shall designate time-limited task forces to address these needs.

- Products

District QA Committees shall submit on a monthly basis to the Co-chairs of the State-level QA Committee the System Review Summary, their committee minutes, and as referrals are identified, an Interagency Referral Form.

The State-level QA Committee shall record their meetings through minutes, and shall respond to any referrals from the Districts in a timely manner, which constitutes no more than two (2) months following a referral. Referrals shall be acknowledged within a week of submittal. Responses to referrals shall be agreed upon by members of the State-level Committee. The Committee shall also develop special reports of the results of any designated task forces of the Committee. An annual retreat shall be convened.

- Policy Recommendations

In the event that review of trends and patterns, or information that comes before the State Interagency Quality Assurance Committee results in the Committee determination that a change or development of Departmental or State policy is needed, the recommendation shall be made in a timely manner, and no less than one (1) month after the determination is made.

All agencies named in this MOU shall participate fully and continuously in meeting the goals and responsibilities as set Forth in this agreement.

VI. Special Agreement Between the Department of Education and the Department of Health

The Departments of Education and Health shall continue to engage in the following:

- Internal and External Reviews,
- Integrated Performance Monitoring Reports, and
- Peer Reviews.

Annual reviews of the processes shall be conducted between the Departments to determine the need for adjustments to these activities.

VII. Term of Agreement

The term of this Memo of Understanding shall be for a period of three (3) years. Before the end of the two (2) year period, the Departments shall evaluate all processes to determine the need for any refinements to the Statewide Quality Assurance System.

This Memorandum of Understanding is agreed upon by the Superintendent of Education, the Director of Health, the Director of Human Services, and the First Circuit, Family Court. It is the intent of all parties to fully implement all aspects of this Agreement.

Patricia Hamamoto — 2.12.08

Superintendent of Education — Date

Director of Health — MAR - 7 2008

Director of Health — Date

William B Kelley — 04/21/08

Director of Human Services — Date

Edward H Kaapu — 1/17/08

Chief Court Administrator — Date

Linda Machado — 2/07/08

Executive Director
Hawaii Families as Allies — Date